Officer trie Paper		on 12/08/2	• • • •	equired to re	espond to a conecti		Complete		wn
·	the Consolidated	d Appropriations Act, 2005 (H.R. 4818).					10/531,209		Conf. No.: 7854
l FEE	ETRA	NS	MITT	AL	Filing Date	2111001	April 14, 2		
For FY 2009							Koji SATC		
					, , , , , , , , , , , , , , , , , , , ,		D.K. CAO		
Applicant c	laims small en	tity status	s. See 37 CFR	1.27		16	2194		
TOTAL AMOUNT OF PAYMENT (\$) 130.00			ი	7 III OIM					
TOTAL AMOUNT OF PAYMENT (\$) 130.00 Attorney Docket No. 0033-1000PUS1									
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILI									
		FILING FEES SEAR Small Entity			CH FEES EXAN Small Entity		VINATION FEES Small Entity		
Application '	<u>Type</u> <u>F</u>	Fee (\$)	Fee (\$)	<u>Fee (\$</u>		<u>Fee</u>		(\$)	Fees Paid (\$)
Utility		330	165	540	270	220) 11	0	
Design		220	110	100	50	140) 7	0	
Plant		220	110	330	165	170) 8	5	
Reissue	;	330	165	540	270	650	32	.5	
Provisional		220	110	0	0	()	0	•
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including Reissues) Fee (\$) 52 26									
Each independent claim over 3 (including Reissues) 220									110
Multiple dependent claims 390									195
<u>Total Claims</u>					Paid (\$)	_	Multiple Dependent Claims		
	20 or HP =	0 ime naid fo	x or, if greater than 2		0.00		<u> </u>	ee (\$)	Fee Paid (\$)
Indep. Claims		tra Clain			Paid (\$)				 _
	3 or HP =	0	x	=	0.00				
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00									
SUBMITTED BY	-//	// /	MA	1	Pagistration No.			T-1- 1	
Signature		1 M			Registration No. (Attorney/Agent)	52327		i elephoi	ne 703-205-8000
Name (Print/Type) Catherine M. Voisinet Date April 30, 2010								ril 30, 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.